



CERTIFICATION OF PROFICIENCY FOR LIMITED RADIOGRAPHER

State Form 53194 (12-06)

- INSTRUCTIONS:**
1. **Fill out all fields.** If an item does not apply put "NA" in that field. Do not use abbreviations on the application.
 2. **Type or clearly print all information.**
 3. When section 1 is completed send the form to the **Limited Radiography Program** in which the applicant is enrolled.
 4. Send the completed form to: Indiana State Department of Health, 2 North Meridian, 5F, Indianapolis, Indiana 46204.
 5. If you have any questions, call 317/233-7565 or e-mail radiology@isdh.in.gov.

Sections 1 – 3 must be completed by the applicant

1. Applicant Information

Last Name	First Name	MI
Home Address (number, street, P. O. Box)		
City	State	9 Digit ZIP Code
Home Phone Number (Including area code) ()		Date of Birth (month, day, year)

2. Category of License

Select one category of License (check one box only)

- | | | |
|---|--|--|
| <input type="checkbox"/> Limited Chest | <input type="checkbox"/> Limited Dental | <input type="checkbox"/> Limited Podiatric |
| <input type="checkbox"/> Limited Chiropractic | <input type="checkbox"/> Limited Cardiac Catheterization | |

3. Radiologic Technology Education Information

Complete the information below for the ISDH approved limited radiographic program

Name of Program	Location of Program	Dates Attended (month, day, year)
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Sections 4 – 5 must be completed by the certifier

4. Certifier

Last Name	First Name	MI
Address (number, street, P.O. Box)		
City	State	9 Digit ZIP Code
Phone ()	Degrees and Certifications	

5. Evaluation and Certification of Proficiency

- ☐ I instructed this applicant on the principles of radiation protection and operation of radiation machines prior to making radiographic exposures.
- ☐ I provided this applicant with clinical instruction on procedures included in the limited radiography license for which they are applying.
- ☐ I ensured this applicant was under direct supervision of an appropriate practitioner, licensed radiologic technologist, or another licensed individual approved by the ISDH in order to assist and evaluate the student's performance in terms of positioning, radiation protection, and radiographic image quality.
- ☐ This applicant has the proficiency and skill necessary to obtain this limited radiography license.

Certifier's Name (Print) _____ Certifier's Signature _____

Date (month, day, year) _____